

### **APPLICATION FOR HARDSHIP WAIVER**

As stated in the Notice of Intent to File a Claim Against the Estate, the Michigan Department of Community Health (MDCH) will waive, in whole or in part, its claim against the estate when recovery would cause an undue hardship for a beneficiary or an heir. If you are not a beneficiary or heir and therefore do not have a legal right to the estate of the decedent, you do not qualify for a hardship waiver.

An undue hardship does not exist solely because recovery would create an inability of any of the beneficiaries from maintaining a pre-existing lifestyle or when the hardship is a result of Medicaid or estate planning methods involving a divestiture of assets and estate recovery avoidance.

All of the information requested in this application is voluntary, however, failure to completely and accurately provide the information may result in a denial of the waiver.

Each person who requests a hardship waiver must complete the appropriate section(s) of this application and return it **with supporting documentation** within sixty (60) days from the date stated on the Notice of Intent to File a Claim. **Applications returned later than 60 days from this date will not be accepted.**

Written notification will be sent to the applicant with an explanation of the determination. If the request is denied, the applicant has an additional 60 days to submit a written request for review of the denial. MDCH will make a final determination within 40 days from the date it receives the request for review of the denial.

Mail or fax the completed application form and supporting documentation to the contact information below. MDCH contracts with the Health Management Systems (HMS) Inc., to assist in their estate recovery program operations. If you have any questions about the claim against the estate or how to complete this form, contact HMS toll-free at 1-877-791-0435.

The criteria for a hardship waiver, as outlined by Michigan law and regulations are as follows:

1. The estate asset subject to recovery is the sole source of income for a survivor, such as a family farm or family business, and income produced by the asset is limited; **or**
2. The estate asset subject to recovery is a home of modest value (i.e. with a value no higher than 50 percent of the average selling price in the county where the home is located, as of the date of the recipient's death) and the home is the primary residence of the beneficiary; **or**
3. Other compelling circumstances.

## Application for Hardship Waiver

**It is the applicant's responsibility to provide complete information to MDCH. The hardship waiver request will be denied if the applicant does not submit the necessary supporting documentation that demonstrates to MDCH how recovery would result in an undue hardship.**

Please fill out this form in blue or black ink.

**All applicants must complete the general information requested on this page.**

Decedent's Name (First, Middle, Last)			
Decedent's Medicaid ID Number	Decedent's Social Security Number	Decedent's Date of Birth (mm/dd/yyyy)	
List the estate assets that are subject to probate:			
List the estate assets that will pass directly to the beneficiaries independent of the probate process:			
Estimated Value of Estate		Your Anticipated Share of the Estate: (50%, 75%, 100%, etc.)	

**Attach a copy of the will or other legal documents that show the *names of all the heirs* and the percentage of the estate each will receive. Include documents showing assets that will pass directly to the beneficiaries.**

Applicant's Name (First, Middle, Last)		Relationship to Decedent	
Applicant's Primary Residence	City	State	ZIP Code
Area Code and Telephone Number	Social Security Number	Date of Birth (mm/dd/yyyy)	
Applicant's Employer		Employer Area Code and Telephone Number	
Employer Address	City	State	ZIP Code

Spouse's Name (First, Middle, Last)		Spouse's Area Code and Telephone Number	
Spouse's Address (if different from Applicant's)	City	State	ZIP Code
Spouse's Employer	Spouse's Employer Area Code and Telephone Number		
Spouse's Employer Address	City	State	ZIP Code

MDCH may grant a waiver when one or more of the stated criteria below are met. Please answer all of the questions in the sections that apply to your circumstances.

---

**Section I:** The estate property has been the site of a family business, farm, or ranch and is the primary income-producing asset.

1. Do you operate a family business, working farm, or ranch located on the estate property? ..... ☐ Yes ☐ No

If yes, give a description of the family business, farm, or ranch:

2. How is the estate property, including existing structures, used in the operation of the business? What percentage of the total estate property is used in the operation of the business?

3. When was the property first used as a family business, farm or ranch? ..... \_\_\_\_\_

Has this property been used continuously since then for this purpose? ..... ☐ Yes ☐ No

If yes, please provide documentation substantiating the continuous operation of the business, along with documentation of the date the business began operation.

4. What is the **total** gross income of the applicant and all other estate heirs and beneficiaries as reported on their most recent federal income tax return? .....\$ \_\_\_\_\_

5. What was the total net business income derived by all estate heirs and beneficiaries from the farm, ranch, or business located on the estate property as reported on their most recent federal tax filing?.....\$ \_\_\_\_\_

6. What was the amount of your annual gross income derived from other sources?.....\$ \_\_\_\_\_

**Attach your most recent two years of federal tax filings, including all W-2's and supporting schedule.**

---

**Section II:** The estate property is the primary residence of a beneficiary or heir and the property is of modest value.

1. Does the estate property include a home? ..... ☐ Yes ☐ No

If yes, how many homes are on the property? ..... \_\_\_\_\_

Please provide a copy of the deed to any real property subject to estate recovery.

2. Do you currently reside on the property? ..... ☐ Yes ☐ No

If no, what is the address where you live?

If yes, what length of time have you resided in the home? ..... \_\_\_\_\_

3. Is the estate property the primary residence of any other beneficiary or heir?..... ☐Yes ☐No

If yes, please list the names and addresses of all beneficiaries and heirs in which the estate property is their primary residence.

4. Do you own (in full or part) another residence? ..... ☐Yes ☐No

If yes, please provide documentation including proof of ownership.

5. What was the value of the estate property as of the date of death of the decedent? ..... \_\_\_\_\_

6. As of the decedent's date of death, was the value of the estate property 50% or less than that of the average selling price of homes in the County where the property is located?..... \_\_\_\_\_

**Attach all supporting documentation to establish residency and property value, including but not limited to, deeds, real property appraisals, tax roll assessments and comparable property sales documentation within the relevant County.**

---

**Section III:** Other compelling reasons.

MDCH has limited discretion to waive recovery of the estate claim for reasons other than those specified above.

If there are other compelling reasons why the recovery of the estate claim would cause an undue hardship for you, please explain below and attach supporting income, resource, expense and any other information.

**Note:** If applicable, please also indicate whether recovery of the estate claim would make you eligible for Medicaid and/or other public assistance or in the alternative, whether you would be able to discontinue public assistance if the claim was not collected.

**Attach all documentation that supports your explanation.**

---

I certify that the information I have provided is true and complete to the best of my knowledge. I authorize persons, organizations, or other entities having records concerning my circumstances to furnish such information to the Michigan Department of Community Health, or to its contract agent for the purpose of estate recovery. I grant permission to Michigan Department of Community Health or its contract agent to obtain information that may have a bearing on my eligibility for a hardship waiver.

---

Signature of Applicant

---

Date

---

Signature of Additional Applicant, if multiple

---

Date

---

Signature of Additional Applicant, if multiple

---

Date

---

Signature of Additional Applicant, if multiple

---

Date

---

Signature of Additional Applicant, if multiple

---

Date